Perdue Farms Incorporated (270) 274-6073

rated David G. Jurgens 5025 Hwy 231 S. Fax (207) 274-6071 email dave.jurgens@perdue.com

Beaver Dam K

April 21, 2009

**RE: Re-issue KPDES Permit Application** 

Vickie L. Prather Division of Water Surface Water Permits Branch PS Section 200 Fair Oaks Lane, 4th Floor Frankfort, KY 40601

Dear Ms. Prather:

Please find the following enclosed:

- 1. Form 1
- 2. USGS Topographic map.
- 3. Form SC
- 4. Schematic of the process
- 5. Check made to the order of the "Kentucky State Treasurer" in the amount of \$ 3,200

If any questions arise feel free to call me at the above telephone number.

Sincerely,

David G. Jurgens

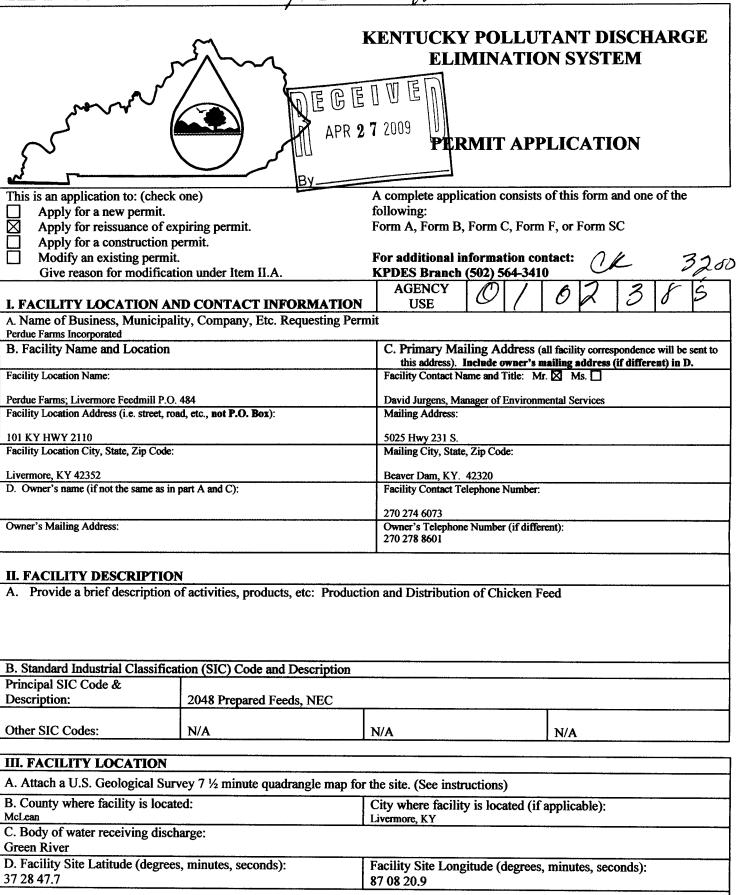
Manager, Environmental Services

**KPDES FORM 1** 

E. Method used to obtain latitude & longitude (see instructions):

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

AZ# 3/12



G40 Handheld Receiver

| IV. OWNER/OPERATOR INFORMATION  |  |   |   |  |  |
|---|--|---|---|--|--|
| A. Type of Ownership:   |  |   |   |  |  |
| ☐ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned  B. Operator Contact Information (See instructions)  |  |   |   |  |  |
| Name of Treatment Plant Operator: Telephone Number:   |  |   |   |  |  |
| David G. Jurgens  |  | 270 274 6073                            |   |  |  |
| Operator Mailing Address (Street): 5025 Hwy 231 S.  |  |   |   |  |  |
| Operator Mailing Address (City, State, Zip Code):   |  |   |   |  |  |
| Beaver Dam, KY 42320  Is the operator also the owner?  Is the operator certified? If yes, list certification class and number below.  |  |   |   |  |  |
| Yes ☐ No ☑ Yes ☑ No ☐   |  |   |   |  |  |
| Certification Class: Class II Wastewater  |  | Certification Number: 9251 Exp. 6/30/09 |   |  |  |
|   |  |   |   |  |  |
| A ENICHER ENVIRONMENTAL DEL   | A A TUPO                                     |   |   |  |  |
| V. EXISTING ENVIRONMENTAL PER Current NPDES Number:   | Issue Date of Current Pern                   | nit:                                    | Expiration Date of Current Permit:  |  |  |
| KY 0102385  | 9/1/05                                       |   |   |  |  |
| Number of Times Permit Reissued:  | Date of Original Permit Iss                  | suance:                                 | Sludge Disposal Permit Number:  |  |  |
| 2   | 3/1/98                                       |   | N/A   |  |  |
| Kentucky DOW Operational Permit #:  | Kentucky DSMRE Permit                        | Number(c):                              |   |  |  |
|   |  | rumoci(s).                              |   |  |  |
| N/A   | N/A  |   |   |  |  |
| Which of the following additional environment   | nental permit/registration                   | n categories will also a                | pply to this facility?  |  |  |
| CATEGORY  | EXISTING PER                                 | MIT WITH NO.                            | PERMIT NEEDED WITH PLANNED APPLICATION DATE                                       |  |  |
| Air Emission Source   | S - 08 - 024                                 |   |   |  |  |
| Solid or Special Waste  | Dredging 200500197                           | dan da san                              |   |  |  |
| Hazardous Waste - Registration or Permit  | Hazardous Waste - Registration or Permit N/A |   |   |  |  |
|   |  |   |   |  |  |
| VI. DISCHARGE MONITORING REPO   | ORTS (DMRs)                                  |   |   |  |  |
| KPDES permit holders are required to sul<br>permit). Information in this section serves<br>mailing address (if different from the primar  | to specifically identify                     | the name and telephone                  | egular schedule (as defined by the KPDES e number of the DMR official and the DMR |  |  |
| A. DMR Official (i.e., the department,  |  |   |   |  |  |
| designated as responsible for submittin Division of Water):   | g DMR forms to the                           | David G Jungana                         |   |  |  |
|   |  |   | David G. Jurgens  |  |  |
| DMR Official Telephone Number: 270 274 6073   |  |   |   |  |  |
| <ul> <li>B. DMR Mailing Address:</li> <li>Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or</li> <li>Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.</li> </ul> |  |   |   |  |  |
| DMR Mailing Name:   | David G. Jurgens; Mgr.                       | . Environmental Service                 | es  |  |  |
| DMR Mailing Address:  | 5025 Hwy. 231 S.                             | ······································  |   |  |  |
| DMR Mailing City, State, Zip Code:  | Beaver Dam, KY. 423                          | 20                                      |   |  |  |

| <b>5777</b> | A DDT | 104  | TENTON | 77  | TRIC  | <b>WARA BA</b> |
|-------------|-------|------|--------|-----|-------|----------------|
| VII.        | APPI  | JU.A | TION   | rit | 11111 | FEE            |

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

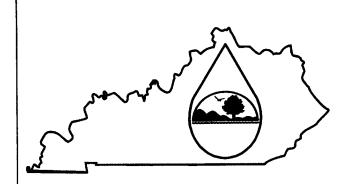
| Facility Fee Category: | 100           | Filing Fee Enclosed: |
|------------------------|---------------|----------------------|
| Tuestiny 100 Cusegory. | VAIR          | 1 3                  |
|                        | A/V (12 $A$ ) |                      |
| Major Industry         | 10 11/00      | \$ 3,200             |
|                        |               |                      |

#### **VIII. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| NAME AND OFFICIAL TITLE (type or print): |                 | TELEPHONE NUMBER (area code and number): |
|--|-----------------|--|
| Mr. ⊠ Ms. □ David G. Jurgens S           | ENIOR ENV. MGR. | 270 274 6073                             |
| SIGNATURE                                |                 | DATE:                                    |
| Dais S. Jinguns                          |                 | 4/17/09                                  |

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.



NAME OF FACILITY: Perdue Farms, Incorporated

(Complete Item IX for intermittent discharges.)

I. FACILITY DISCHARGE FREQUENCY

A. Do discharge(s) occur all year?

B. How many days per week?

# KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

## PERMIT APPLICATION

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A complete application consists of this form and Form 1. For additional information, contact: KPDES Branch, (502) 564-3410.

No 🗌

**AGENCY** 

USE

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|                      |                  |                 |              |            |  |         | on amount of boiler blowdown<br>m secondary containment (50 |
|----------------------|------------------|-----------------|--------------|------------|--|---------|---|
|                      |                  |                 |              |            |  |         |   |
| B. If new discharge  | er, indicate ant | icipated disch  | arge date:   |            | ************************************** |         |   |
| C. Indicate the desi | ign capacity of  | f the treatment | system:      | .0030      | MGD                                    |         |   |
| III. Outfall Locat   | ion (see instr   |                 |              |            |  |         |   |
| Outfall              |                  | LATITUDE        |              |            | LONGITUDE                              | ,       |   |
| (list)               | Degrees          | Minutes         | Seconds      | Degrees    | Minutes                                | Seconds | RECEIVING WATER (name)                                      |
| 001                  | 37               | 28              | 55.5         | 87         | 08                                     | 30.3    | Green River   |
|                      |                  |                 |              |            |  |         |   |
|                      |                  |                 |              |            |  |         |   |
|                      |                  |                 |              |            |  |         |   |
|                      |                  |                 |              |            |  |         |   |
|                      |                  |                 |              |            |  |         |   |
|                      |                  |                 |              |            |  |         |   |
| Method used to obt   |                  |                 | notes etc.)  | G40 Handhe | ald Pagainer                           |         |   |
| (i.e. Or 5 unit, OSC | iopograpino      | map coordii     | iaies, etc.) | G40 Handne | au Receiver                            |         | Pavised June 1000   |

| OUTFALL NO.   | OPERATION(S) CONTRIB   | JTING FLOW  | TREATMENT   | Γ  |
|---|--|---|---|--|
| (list)  | Operation (list)   | Avg/Design<br>Flow<br>(include units)   | List treatment components   | List Codes from<br>Table SC-1            |
| 001   | Boiler Blowdown  | .00144 MGD  | pH adjustment, Equalization   | 1Y, 2K, 4A                               |
|   | Softner Regeneration   | .0002 MGD   | pH adjustment, Equalization   | 1Y, 2K, 4A                               |
|   | Stormwater from secondary containment.   | .00001 MGD  |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
|   | pe(s) of wastewater discharged.  | □ Oil field v   | vaste   |  |
| ☐ Don   | nestic (60% or more sanitary sewage)   | stormwate   | e): Boiler Blowdown, Softner Reger<br>from secondary containment  |  |
| Dom Non-  | nestic (60% or more sanitary sewage) contact cooling water ter used at facility (except for human  | Other (list stormwate consumption) flow to  | e): Boiler Blowdown, Softner Reger<br>from secondary containment  |  |
| Dom Non VI. Does all wa   | nestic (60% or more sanitary sewage) contact cooling water ter used at facility (except for human to other than surface waters. Check a  | Other (list stormwate consumption) flow to ppropriate location:   | e): Boiler Blowdown, Softner Reger<br>from secondary containment  |  |
| Dom Non VI. Does all wa VII. Discharge t  | nestic (60% or more sanitary sewage) contact cooling water ter used at facility (except for human  | Other (list stormwate consumption) flow to  | e): Boiler Blowdown, Softner Reger<br>from secondary containment  | , in the second second                   |
| Dom Non- VI. Does all wa VII. Discharge t Publ  | nestic (60% or more sanitary sewage) contact cooling water ter used at facility (except for human o other than surface waters. Check a icly-owned lake or impoundment  | Other (list stormwate consumption) flow to ppropriate location:  Name of lake:  | e): Boiler Blowdown, Softner Reger<br>from secondary containment  | , in the second second                   |
| Don Non- VI. Does all wa VII. Discharge t Publ Publ Lance                                     | nestic (60% or more sanitary sewage) contact cooling water  ter used at facility (except for human o other than surface waters. Check a icly-owned lake or impoundment icly-owned treatment works (POTW).  | Other (list stormwater consumption) flow to ppropriate location:  Name of lake:  Name of POTW:  | e): Boiler Blowdown, Softner Reger from secondary containment of a treatment plant?   Yes   | No No                                    |
| Don Non Non VI. Does all wa VII. Discharge t Publ Publ Surf                                   | nestic (60% or more sanitary sewage) contact cooling water  ter used at facility (except for human to other than surface waters. Check a icly-owned lake or impoundment icly-owned treatment works (POTW). If application of Effluent  | Other (list stormwate consumption) flow to ppropriate location:  Name of lake:  Name of POTW:   | c): Boiler Blowdown, Softner Reger from secondary containment of a treatment plant?   Yes   d;  sinkhole;  sinking stream;  | No No □ deep well                        |
| Dom None  /I. Does all wa  /II. Discharge to Publ Publ Lanc Surf                              | nestic (60% or more sanitary sewage) contact cooling water  ter used at facility (except for human to other than surface waters. Check a icly-owned lake or impoundment icly-owned treatment works (POTW). If application of Effluent face injection (Check term and identify  | Other (list stormwater consumption) flow to ppropriate location:  Name of lake:  Name of POTW:  on map)  lateral field Holding tank;  M   | c): Boiler Blowdown, Softner Reger from secondary containment  o a treatment plant?   d;   sinkhole;   sinking stream;  fechanical evaporation;   Waste in  | No deep well                             |
| Dom None  VI. Does all wa  VII. Discharge to Publ Publ Discharge to Publ Clos VIII. Check the | nestic (60% or more sanitary sewage) contact cooling water  ter used at facility (except for human to other than surface waters. Check a icly-owned lake or impoundment icly-owned treatment works (POTW). If application of Effluent face injection (Check term and identify sed Circuit (Check appropriate term)  metals present in the discharge if application of A  | Other (list stormwater consumption) flow to ppropriate location:  Name of lake:  Name of POTW:  on map)  lateral fielt Holding tank;  Molicable and indicate the stormwater NA        | c): Boiler Blowdown, Softner Reger from secondary containment  a treatment plant? Yes  d; sinkhole; sinking stream; echanical evaporation; Waste in the quantity discharged per year.   | ☐ deep well npoundment (Indicate units). |
| Dom None  VI. Does all wa  VII. Discharge to Publi Publi Surf Clos  VIII. Check the i         | nestic (60% or more sanitary sewage) contact cooling water  ter used at facility (except for human to other than surface waters. Check a icly-owned lake or impoundment icly-owned treatment works (POTW). If application of Effluent face injection (Check term and identify sed Circuit (Check appropriate term)  metals present in the discharge if application of NA | Other (list stormwate consumption) flow to ppropriate location:  Name of lake:  Name of POTW:  on map)  lateral fiel  Holding tank;  Melicable and indicate to NA  Copper NA  Lead NA | c): Boiler Blowdown, Softner Reger from secondary containment of a treatment plant? Yes A treatment plant? Yes A treatment plant? Sinking stream; echanical evaporation; Waste in the quantity discharged per year.                         | deep well npoundment (Indicate units).   |
| Dom None  VI. Does all wa  VII. Discharge to Puble Puble Surf Clost  VIII. Check the to Be    | nestic (60% or more sanitary sewage) contact cooling water  ter used at facility (except for human to other than surface waters. Check a icly-owned lake or impoundment icly-owned treatment works (POTW). If application of Effluent face injection (Check term and identify sed Circuit (Check appropriate term)  metals present in the discharge if application of A  | Other (list stormwater consumption) flow to ppropriate location:  Name of lake:  Name of POTW:  on map)  lateral fielt Holding tank;  Molicable and indicate the stormwater NA        | c): Boiler Blowdown, Softner Reger from secondary containment of a treatment plant? Yes A treatment plant? Yes A treatment plant? Sinking stream; echanical evaporation; Waste in the quantity discharged per year.    Silver Thallium Zinc | ☐ deep well npoundment (Indicate units). |

2

| IX. INTERMITTENT DISCHARGES (C            | omplete this section f                | or intermittent discha   | rges.)                           |  |
|---|---------------------------------------|--|----------------------------------|--|
|   |                                       | bypass points are indicated, information below must be completed each bypass.) |                                  |  |
| Check when bypass occurs:                 | ☐ We                                  | t Weather  | Dry Weather                      |  |
| Give the number of bypass incidents       |                                       | per year   | per year                         |  |
| Give average duration of bypass           |                                       | hours  | hours                            |  |
| Give average volume per incident          |                                       | 1,000 gallons  | 1,000 gallons                    |  |
| Give reason why bypass occurs:            |                                       | -  |                                  |  |
| B. Number of Overflow Points: (If         | discharge is from an ov               | erflow point the inform  | nation below must be completed.) |  |
| Check when overflow occurs:               |                                       | Weather  | Dry Weather                      |  |
| Give the number of overflow incidents:    |                                       | per year   | per year                         |  |
| Give average duration of overflow:        |                                       | hours  | hours                            |  |
| Give average volume per incident:         |                                       | 1,000 gallons  | 1,000 gallons                    |  |
| C. Number of seasonal discharge points    |                                       |  |                                  |  |
| Give the number of times discharge occu   | rs per year                           | ***************************************  |                                  |  |
| Give the average volume per discharge of  | ccurrence (                           | 1,000 gallons)   |                                  |  |
| Give the average duration of each dischar | rge (                                 | days)  |                                  |  |
| List month(s) when the discharge occurs   |                                       | ****   |                                  |  |
|   |                                       |  |                                  |  |
| X. AREA SERVED (see instructions)         |                                       |  |                                  |  |
| NAME                                      |                                       | ACTUA  | AL POPULATION SERVED             |  |
| Livermore Feedmill                        |                                       |  |                                  |  |
|   | · · · · · · · · · · · · · · · · · · · |  |                                  |  |
| TOTAL POPI                                | JLATION SERVED                        | 15   |                                  |  |

3

# (PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

| Additive    | Composition | Concentration (mg/l) |
|-------------|-------------|----------------------|
| ASDS Sheets |             |                      |
|             |             |                      |
|             |             |                      |
|             |             |                      |

| XII. EFFLUENT CHARACTERISTICS                                |                 |                 |                   |  |
|--|-----------------|-----------------|-------------------|--|
| A. Indicate results of analysis for pollutants listed below. |                 |                 |                   |  |
| POLLUTANT/PARAMETER  | MAX DAILY VALUE | AVG DAILY VALUE | NUMBER OF SAMPLES |  |
| BOD <sub>5</sub>   | 2 mg/l          | 2 mg/l          | 1                 |  |
| TOTAL SUSPENDED SOLIDS                                       | 26.5 mg/l       | 7.7 mg/l        | 12                |  |
| FECAL COLIFORM   | 25 MPN          | 25 MPN          | 1                 |  |
| TOTAL RESIDUAL CHLORINE                                      | .02 mg/l        | 0.11 mg/l       | 12                |  |
| OIL AND GREASE   | 1.8 mg/l        | 2.0 mg/l        | 11                |  |
| CHEMICAL OXYGEN DEMAND                                       | 9.91 mg/l       | 9.91 mg/l       | 1                 |  |
| TOTAL ORGANIC CARBON   | 1.8 mg/l        | 1.8 mg/l        | 1                 |  |
| AMMONIA  | 0.17 mg/l       | 0.17 mg/l       | 1                 |  |
| DISCHARGE FLOW   | 0.0345 MGD      | .0053 MGD       | 147               |  |
| рН   | 8.95            | 7.8             | 12                |  |
| TEMPERATURE (WINTER)   | 31.4 C          | 25.8 C          | 6                 |  |
| TEMPERATURE (SUMMER)   | 30.9 C          | 28.4 C          | 6                 |  |

| B. Frequency and duration of flow: | Treated wastewater pumps from two sumps off of floats 24 hrs/day 365 days/year. |
|------------------------------------|---|
|------------------------------------|---|

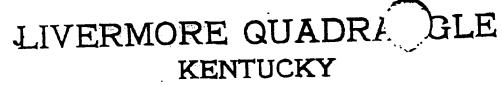
#### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

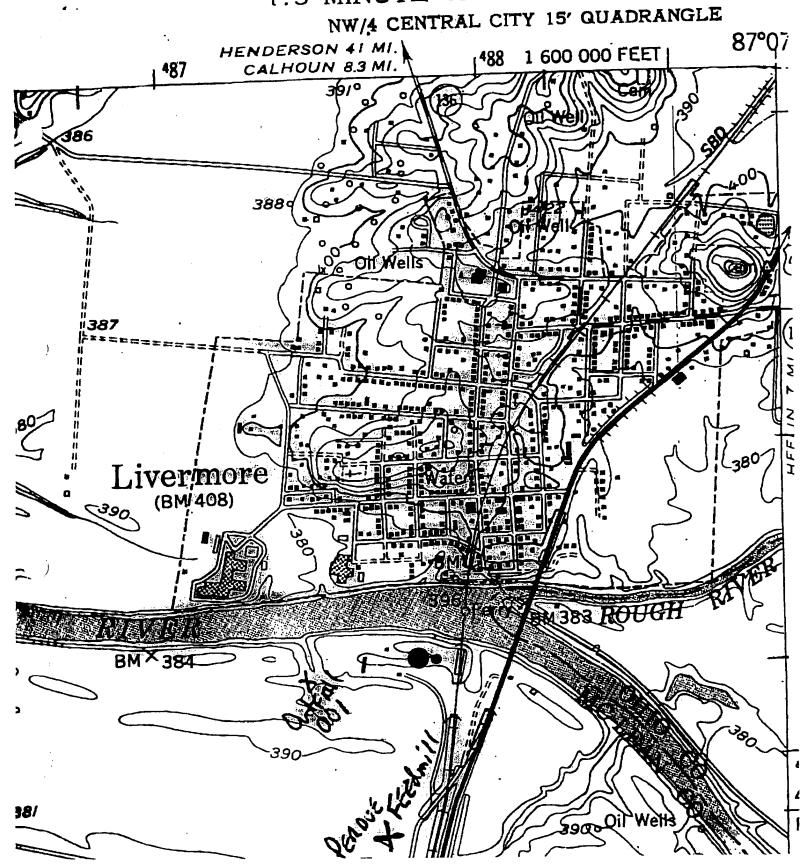
| NAME AND OFFICIAL TITLE (type or print): | TELEPHONE NUMBER (area code and number): |
|--|--|
| DAVID G. JURGENS, SENIOR ENV. MGR.       | 270 274 6073                             |
| SIGNATURE                                | DATE                                     |
| Daw & Junguns                            | 4/21/09                                  |

# **Technical Data**

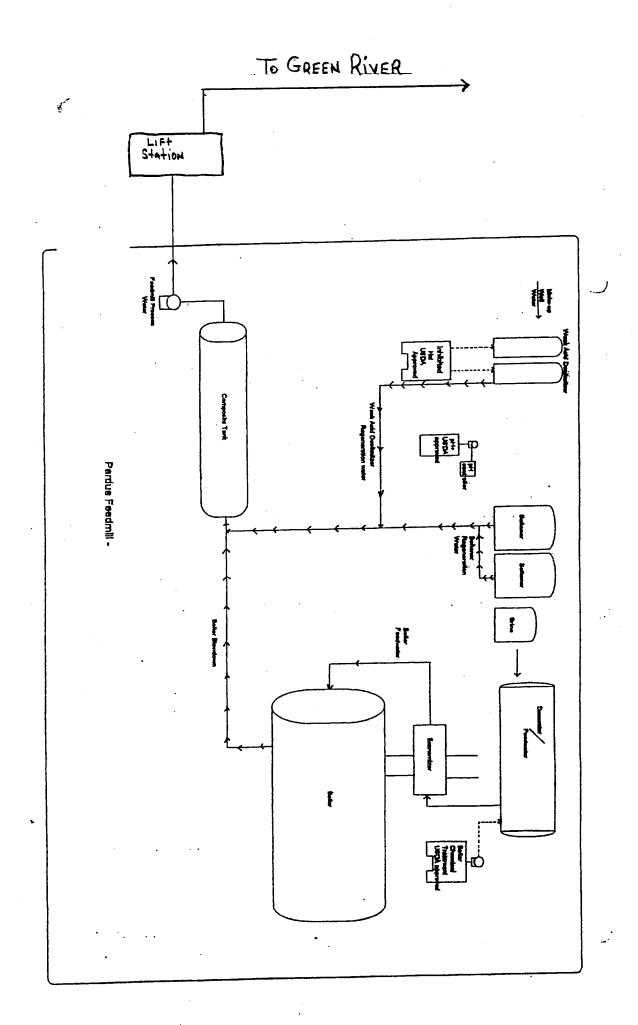
FROM: ZCR ENVIR



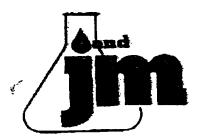
7.5 MINUTE SERIES (TOPOGRAPHIC)



# Drawing



# **MSDS** Sheets



## LABORATORIES, INC. 1717 ROWAN LOUISVILLE, KY 40203 PHONE (502) 585-3176 FAX (502) 585-3216 (800) 473-6173

November 5, 1997

PERDUE FARMS, Inc.
P.O. Box 1537 / Zion Church Road
Salisbury, MD 21802-1537
Attn: Mr. Martin Stewart

Re: Effluent Composition at Perdue Feedmill, Livermore, KY

Estimated Water Composition (Boiler Blowdown and Softener Regeneration)

| Conductivity                        | 4500 uS/cm |
|-------------------------------------|------------|
| pH                                  | 7.0        |
| TSS                                 | 30         |
| Chlorides                           |            |
| Sodium                              | 1000 mg/I  |
| Calcium Carbonate                   | 50 mg/L    |
| Ethyldimethyl tetraacetic Acid      |            |
| Hydroxyethylidene diphosphoric Acid |            |
| Cyclohexylamine                     |            |
| Iron                                |            |
| BOD.                                |            |
| COD                                 |            |
| Phosphate                           |            |

Please contact me if I may be of further assistance in any way.

Sincerely

Ted K. Mitzlaff



## LABORATORIES, INC. 1717 ROWAN LOUISVILLE, KY 40203 PHONE (502) 585-3176 FAX (502) 585-3216 (800) 473-6173

#### MATERIAL SAFETY DATA SHEET

PRODUCT: 1104

EFFECTIVE DATE: MARCH 6, 1995

#### L IDENTIFICATION

PRODUCT NAME: 1104

CHEMICAL NAME: TLV Sodium Bisulfite

5 mg/m3

#### IL PHYSICAL DATA

pH .....3.0 - 5.0

Odor.....Sulfurous

Boiling Point......Decomposed > 150 C

Solubility (in water) ......Not available

Density......1.48 g/ml

## III. FIRE AND EXPLOSION DATA

FLASH POINT: > 212 Deg F FLAMMABLE LIMITS: N/A

EXTINGUISHING MEDIA: Water fog, carbon dioxide, foam, dry chemical.

SPECIAL FIREFIGHTING PROCEDURES: Wear self-contained breathing apparatus.

UNUSUAL FIRE AND EXPLOSION HAZARDS: None.

#### IV. REACTIVITY DATA

STABILITY: Will decompose slowly in air.

CONDITIONS TO AVOID: Contamination of any kind.

INCOMPATIBILITY: Oxidizers, acids.

**DECOMPOSITION OF PRODUCTS:** Oxides of sulfur and sodium.

#### V. HEALTH AND HAZARD DATA

CARCINOGENIC POTENTIAL: This material is not considered to be a carcinogen by the National Toxicology Program, the International Agency for Research on Cancer, or the Occupational Safety and Health Administration.

4.

#### VL EMERGENCY AND FIRST AID INSTRUCTIONS

SKIN CONTACT: Wash exposed area with plenty of soap and water. Repeat washing. Rinse exposed area for at least 15 minutes. Consult a health care professional. If clothing comes in contact with the product, the clothing should be removed immediately and should be laundered before reuse.

EYE CONTACT: Flush immediately with copious amounts of tap water or normal saline (minimum) of 15 minutes. Take exposed individual to a health care professional.

INHALATION: If a person experiences nausea, headache or dizziness, immediately move exposed individual to fresh air. If individual has difficulty in breathing or is cyanotic administer oxygen if available. Call a physician.

INGESTION: DO NOT INDUCE VOMITING. Rinse mouth with copious amounts of water or milk first. Then slowly dilute stomach contents with 6 to 8 ounces of water. In cases where the individual is semiconscious, comatose or convulsing. DO NOT GIVE FLUIDS BY MOUTH, Contact a physician immediately.

## VII. SPILL, DISPOSAL, AND FIRE PROCEDURES

SPILL PROCEDURES: Initially minimize the area effected by the spill or leak. Block any potential routes to water systems. Assess the impact on contaminated environments and minimize any adverse effects. Contact your J & M representative immediately. Determine if federal, state, and/or local release notification is required. Recover as much of the pure product as possible into appropriate containers. Clay, soil, or commercially available absorbents may be used to recover any material that can not readily be recovered as pure product. Contact the person(s) responsible for the operation of your facility's industrial sewer system prior to intentionally flushing or pumping spills or leads of this product to the industrial sewer if applicable.

DISPOSAL PROCEDURES: Follow all federal, state, and local regulations governing the disposal of waste materials. Determine if waste containing this product can be handled by available industrial effluent system or other on-site waste management. This product is not specifically listed in 40 CFR 261 as a Resources Conservation and Recovery Act hazardous waste. However, spill or leak residuals may meet the criteria of a characteristic hazardous waste under this Act

MSDS: 1104 - Page 3 of 3

CONTAINER DISPOSAL: J&M LABORATORIES will accept any empty drum assuming no foreign matter has been placed therein, and assuming the drum is in satisfactory condition.

#### VIII. SPECIAL PROTECTION INFORMATION

**RESPIRATORY PROTECTION:** Filtration masks must be used if the TLV residual is exceeded.

**VENTILATION:** General (mechanical) room ventilation is expected to be satisfactory. **PROTECTIVE GLOVES:** Wear impervious gloves and safety shoes as a standard handling precaution.

EYE PROTECTION: Wear safety glasses or goggles as a standard safety precaution. OTHER PROTECTIVE EQUIPMENT: Wear acid-resistant apron.

#### IX. SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: Keep containers tightly closed when not in use. Follow normal procedures for safe industrial handling and storage. OTHER PRECAUTIONS: None necessary.

HEALTH:

1

REACTIVITY:

Ω

FLAMMABILITY: 0

**NOTE—The** opinions expressed are those of qualified experts within J & M. We believe that the information contained is current as of the date of this Material Safety Data Sheet. Since the use of this information and of these opinions and the conditions of the use of the product are not within the control of J & M, it is the user's obligation to determine the conditions of the safe use of the product.



# LABORATORIES, INC.

1717 ROWAN LOUISVILLE, KY 40203 PHONE (502) 585-3176 FAX (502) 585-3216 (800) 473-6173

#### MATERIAL SAFETY DATA SHEET

PRODUCT: 1299

EFFECTIVE DATE: JULY 10, 1991

#### I. IDENTIFICATION

PRODUCT NAME: 1299

CHEMICAL NAME: Sodium Polyacrylate, Phosphoric Acid, Polyalkalene Glycol, Acrylamide,

Polymaleic Acid, Potassium Hydroxide, 1-Hydroxyethylidene-1,1-diphosphonic Acid,

Ethylenediaminetetraacetic Acid, Sodium Sulfite

### IL PHYSICAL DATA

pH.....11.5 - 12.5

Appearance ......lear yellow liquid

Odor.....slight

Solubility (in water) ...... complete

#### III. FIRE AND EXPLOSION DATA

FLASH POINT: not applicable

FLAMMABLE LIMITS: not applicable

EXTINGUISHING MEDIA: water fog, carbon dioxide, foam, dry chemical

SPECIAL FIRE FIGHTING PROCEDURES: wear self contained breathing apparatus

UNUSUAL FIRE AND EXPLOSION HAZARDS: none known

MSDS: 1299 - Page 2 of 3

## IV. REACTIVITY DATA

STABILITY: stable

CONDITIONS TO AVOID: contamination of any kind

INCOMPATIBILITY: strong acids, strong oxidizers, materials reactive with hydroxyl

compounds, strong bases

DECOMPOSITION OF PRODUCTS: carbon monoxide, carbon dioxide, nitrogen oxides,

phosphines

#### V. HEALTH AND HAZARD DATA

CARCINOGENIC POTENTIAL: This material is not considered to be a carcinogen by the National Toxicology Program, the International Agency for Research on Cancer, or the Occupational Safety and Health Administration.

## VI. EMERGENCY AND FIRST AID INSTRUCTIONS

SKIN CONTACT: Wash exposed area with plenty of soap and water. Repeat washing. Rinse exposed area for at least 15 minutes. Consult a health care professional. If clothing comes in contact with the product, the clothing should be removed introducted and should be laundered before reuse.

EYE CONTACT: Flush immediately with approus amounts of tap water or normal saline (minimum) of 15 minutes. Take exposed individual to a health care professional.

INHALATION: If a person experiences nausea, headache or dizziness, immediately move exposed individual to fresh air. If individual has difficulty in breathing or is cyanotic administer oxygen if available. Call a physician.

INGESTION: DO NOT INDUCE VOMITING: Rinse mouth with copious amounts of water or milk first. Then slowly dilute stomach contents with 6 to 8 ounces of water. In cases where the individual is semiconscious, comatose or convulsing, DO NOT GIVE FLUIDS BY MOUTH. Contact a physician immediately.

# VII. SPILL, DISPOSAL, AND FIRE PROCEDURES

SPILL PROCEDURES: Initially minimize the area effected by the spill or leak. Block any potential routes to water systems. Assess the impact on contaminated environments and minimize any adverse effects. Contact your I & M representative immediately. Determine if federal, state, and/or local release notification is required. Recover as much of the pure product as possible into appropriate containers. Clay, soil, or commercially available absorbents may be used to recover

any material that can not readily be recovered as pure product. Contact the person(s) responsible for the operation of your facility's industrial sewer system prior to intentionally flushing or pumping spills or leads of this product to the industrial sewer if applicable.

DISPOSAL PROCEDURES: Follow all federal, state, and local regulations governing the disposal of waste materials. Determine if waste containing this product can be handled by available industrial effluent system or other on-site waste management. This product is not specifically listed in 40 CFR 261 as a Resources Conservation and Recovery Act hazardous waste. However, spill or leak residuals may meet the criteria of a characteristic hazardous waste under this Act.

CONTAINER DISPOSAL: J & M LABORATORIES will accept any empty drum assuming no foreign matter has been placed therein, and assuming the drum is in satisfactory condition.

## VIII. SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION: none required

VENTILATION: General (mechanical) room ventilation is expected to be satisfactory PROTECTIVE GLOVES: wear impervious gloves as a standard handling precaution EYE PROTECTION: wear safety glasses or goggles as a standard safety precaution OTHER PROTECTIVE EQUIPMENT: chemical resistant apron

# IX. SPECIAL MEECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: Avoid storage in areas of extreme heat. Keep containers tightly closed when not in use.

OTHER PRECAUTIONS: None required

NOTE—The opinions expressed are those of qualified experts within J & M. We believe that the information contained is current as of the date of this Material Safety Data Sheet. Since the use of this information and of these opinions and the conditions of the use of the product are not within the control of J & M, it is the user's obligation to determine the conditions of the safe use of the product.



# LABORATORIES, INC.

1717 ROWAN LOUISVILLE, KY 40203 PHONE (502) 585-3176 FAX (502) 585-3216 (800) 473-6173

# MATERIAL SAFETY DATA SHERT

PRODUCT: 1500

EFFECTIVE DATE: JUNE 11, 1991

### IDENTIFICATION

PRODUCT NAME: 1500

CHEMICAL NAME: morpholine, cyclohexylamine, and

diethylethanolamine

#### II. PHYSICAL DATA

рн..... > 11.5 Appearance..... clear, gold liquid Odor.....ammonical Solubility (in water)..... completely miscible Melting Point..... < -8 C

## III. FIRE AND EXPLOSION DATA

FLASH POINT: 200 F (Tag Closed Cup)

FLAMMABLE LIMITS: Not Available

EXTINGUISHING MEDIA: Alcohol foam, carbon dioxide, dry

chemical

SPECIAL FIRE FIGHTING PROCEDURES: None UNUSUAL FIRE AND EXPLOSION HAZARDS: None

### IV. REACTIVITY DATA

STABILITY: Stable

CONDITIONS TO AVOID: Extreme heat

INCOMPATIBILITY: Strong oxidizing agents, strong acids,

mineral acids

DECOMPOSITION OF PRODUCTS: None

# V. HEALTH AND HAZARD DATA

ACUTE EFFECTS: This product has not been tested. following information is based on test results from technical grade active ingredients:

Product: 1500 page 2 of 4

Cyclohexylamine..... Acute Oral LD50 = 156 mg/kg

Acute Dermal LD50 = 280 mg/kg

Morpholine..... Acute Oral LD50 = 1050 mg/kg
Acute Dermal LD50 = 500 mg/kg

Acute Inhalation LC50 = 1320 mg/m3

Diethylethanolamine. Acute Oral LD50 = 1320 mg/kg

Acute Dermal LD50 = 1260 mg/kg

CARCINOGENIC POTENTIAL: Not listed in any of OSHA Standard, Section 1910.1200 sources as carcinogenic. Neither the morpholine nor the cyclohexylamine is considered to be an animal carcinogen.

SENSITIZATION EFFECTS: Possible skin sensitizer.

other Health Effects: Repeated inhalation may produce inflammation of the gastrointestinal tract. Repeated dermal exposure may result in dermatitis. Chronic exposure may result in damage to the liver, kidneys and lungs. Morpholine is weakly mutagenic in some in vitro genotoxicity assays. Cyclohexylamine has produced embroyotoxicity, low birth count, postnatal mortality and decreased body weight in laboratory animals. Cyclohexylamine administered in the diet to mice induced testicular atrophy.

# VI. EMERGENCY

#### Instructions

EYE CONTACT: Flush immediate the pious amounts of tap water or normal saline thimum), of 15 minutes. Take exposed individual to assealth care professional preferably an opthamologist, for further evaluation.

SKIN CONTACT: Wash exposed area with plenty of soap and

SKIN CONTACT: Wash exposed area with plenty of soap and water. Repeat washing. Rinse exposed area for at least 15 minutes. Consult a health care professional. If clothing comes in contact with the product, the clothing should be removed immediately and should be laundered before reuse.

INGESTION: DO NOT INDUCE VOMITING. Rinse mouth with copious amounts of water or milk first. Then slowly dilute stomach contents with 6 to 8 ounces of water. In cases where the individual is semiconcious, comatose or convulsing, DO NOT GIVE FLUIDS BY MOUTH.

convulsing, DO NOT GIVE FLUIDS BY MOUTH.

INHALATION: If a person experiences nausea, headache or dizziness, immediately move exposed individual to fresh air. If individual has difficulty in breathing or is cyanotic administer oxygen, if available. Call a physician.

#### VII. SPILL, DISPOSAL, AND FIRE PROCEDURES

SPILL PROCEDURES: Initially minimize area effected by the spill or leak. Block any potential routes to water

Product: 1500 page 3 of 4

systems. Assess the impact on contaminated environments and minimize any adverse effects. Contact your J & M representative immediately. Determine if federal, state, and/or local release notification is required. Recover as much of the pure product as possible into appropriate containers. Clay, soil, or commercially available absorbents may be used to recover any material that can not readily be recovered as pure product. Contact the person(s) responsible for the operation of your facility's industrial sewer system prior to intentionally flushing or pumping spills or leads of this product to the industrial sewer if applicable.

DISPOSAL PROCEDURES: Follow federal, state, and local regulations governing the disposal of waste materials. Determine if waste containing this product can be handled by available industrial effluent system or other on-site waste management. This product is not specifically listed in 40 CFR 261 as a Resources Conservation and Recovery Act hazardous waste. However, spill or leak residuals may meet the criteria of a characteristic hazardous waste under this Act.

CONTAINER DISPOSAL: J & will accept any empty drum assuming that no foreign minutal has been placed therin, and that the drum was returned in satisfactory condition.

# VIII. SPECIAL COLUMN FORMATION

Respiratory PROTECTION: The required unless large amounts are handled in an emergency. In such a situation, a gas mask should be used.

VENTILATION: Local exhaust should be adequate PROTECTIVE GLOVES: Rubber gloves required EYE PROTECTION: Protective goggles required OTHER PROTECTIVE EQUIPMENT: None required

#### II. SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: Follow normal procedures
OTHER PRECAUTIONS: None necessary

USDA ACCEPTANCE: G-6 = 1500 is acceptable for treating boiler or steam lines where the steam produced may contact edible products in official establishments operating under the Federal meat, poultry, shell egg grading, and egg products inspection program.

Product: 1500 page 4 of 4

EPA REGISTRATION: Not applicable

TSCA INVENTORY: All components included in the Inventory

FDA REGULATIONS: Not applicable

SARA 302 EXTREMELY HAZARDOUS SUBSTANCES LIST: No components of this product are listed.

SARA 312 HAZARD CLASSIFICATION: Immediate Health Hazard, Chronic Health Hazard and Fire Hazard.

SARA 313 TOXIC CHEMICALS LIST: No components of this product are listed.

NPCA/HMIS RATINGS: HEALTH 3; FLAMMABILITY 2; REACTIVITY 1 NFPA RATINGS: HEALTH 3; FLAMMABILITY 2; REACTIVITY 1

#### NOTE--

The opinions expressed are those of qualified experts within J & M. We believe that the information contained is current as of the date of this Material Safety Data Sheet. Since the use of this information and of these opinions and the conditions of the use of the particular are not within the control of J & M, it is the user's obligation to determine the conditions of the safe.



# PRODUCT SAFETY DATA SHEET

#### A. GENERAL INFORMATION

TRADE NAME (COMMON NAME OR SYNONYM) C.A.S. NO. 7647-14 Salt MOLECULAR WEIGHT FORMULA CHEMICAL NAME 58.4428 NaCl Sodium Chloride ADDRESS Leslie Salt Co. Cargill Salt Division P.O. Box 364 P.O. Box 5621 Newark, CA 94560 Minneapolis, MN 55440

CONTACT
National Technical Director
PHONE NUMBER
(612) 475-6581
DATE ISSUED
Same

### B. FIRST AID MEASURES

Skin: Wash with water. EMERGENCE PHONE NUMBER

Eyes: Irrigate with plenty of water. (612) 476-1127

# C. HAZARDS INFORMATION HEALTH (Reference (a).)

## INHALATION

Inhalation of product may cause mild irritation of nose and throat.

#### INGESTION

Ingestion of large amounts (greater than 0.1 pound) may cause gastro-intestinal upset.

#### SKIN

Dust may cause mild irritation.

#### EYES

Dust may cause irritation.

## PERMISSIBLE CONCENTRATION

AIR

None established.

BIOLOGICAL

No TLV established.

UNUSUAL CHRONIC TOXICITY

None.

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| P. PHYSICAL DATA                        | THE WAY TO SEE THE SECOND SECO |                               | The state of the s |             |
|---|--|-------------------------------|--|-------------|
| MATERIAL IS (AT NORMAL                  | CONDITIONS):   | appearance a                  | ND ODOR  |             |
| ILIQUÍD SOLID                           | II <sub>GAS</sub>  | White crys<br>Slight sal      | ine odor-  |             |
| BOILING POINT 1465° MELTING POINT 800°  | $(H_2 C = 1)$  | VITY                          | (AIR = 1)  | :           |
| SOLUBILITY IN WATER (% BY WEIGHT)       | pH<br>(20% SOLUTION<br>6.5 - 9.5   | N)                            | POR PRESSURE  Temm Hg at 20°C)  2.4mm at 746.9°C   |             |
| 26.395 Max. at 60°F  G. REACTIVITY DATA | , 0.3 /.3  |                               |  |             |
| STABILITY  STABLE  STABLE               | BLE  | CONDITIONS Wet/damp caking an | TO AVOID conditions can cause decorrosion.   |             |
| INCOMPATABILITY (MATER:                 |  |                               |  |             |
| HAZARDOUS DECOMPOSITION                 | N PRODUCTS   |                               |  |             |
| HAZARDOUS POLYMERIZATI                  |  | CONDITIONS                    | TO AVOID   | <del></del> |
| H. HAZARDOUS INGREDIEN                  | TS (Mixtures Onl   | у)                            |  |             |
| MATERIAL OR COMPONENT /C.A.S. NO.       |  | WEIGHT Z                      | HAZARD DATA<br>(SEE SECTION J)   |             |
|   |  |                               |  |             |

| DEGRAVABILITY/AQUATIC TOXICITY   |                             |  |                   |
|--|-----------------------------|--|-------------------|
| Product is inorganic and may   | persist in the environment. | and the second s |                   |
| EPA HAZARDOUS SUBSTANCE?  Output  Outp | PORTABLE QUANTITY:          | #  | 40 CFR<br>116-117 |
| WASTE DISPOSAL METHODS (DISPOSE<br>DISPOSAL OR DISCHARGE LAWS)<br>Flush to sewer if permitted by   |                             |  | LOCAL             |
|  |                             |  |                   |
| RCRA STATUS OF UNUSED MATERIAL: Not a "hazardous waste".   |                             | *  | 40 CFR<br>261     |
| RCRA STATUS OF UNUSED MATERIAL: Not a "hazardous waste". REFERENCES  |                             | *  |                   |
| Not a "hazardous waste".   | 3                           |  |                   |
| Not a "hazardous waste".  REFERENCES   | ENCES CL                    | NA NA  |                   |

#### K. ADDITIONAL INFORMATION

This product is not for food or drug use unless material is labeled "food grade," "USP grade," or "NF grade," as applicable.

This product safety data sheet is offered solely for your information, consideration and investigation.

Cargill Salt Division/Leslie Salt Co. provides no warranties, either express or implied, and assumes no responsibility for the accuracy or completeness of the data contained herein.